

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

... VANDERBILT ... HIS IS A PERNAN Record.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS.  
CERTIFICATE OF BIRTH.

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe

(No. \_\_\_\_\_) Register No. 83 47  
St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD August A Antonick  
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and Number in order of birth _____	Legiti mater <u>yes</u>	Date of Birth <u>August 9</u> 19 <u>09</u> (Month) (Day) (Year)
Full Name <u>George S Antonick</u>		Full Maiden Name <u>Katie G Wasko</u>		
Residence <u>Globe</u>		Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)	
Birthplace <u>Austria</u>		Birthplace <u>Austria</u>		
Occupation <u>Laborer</u>		Occupation _____		

Number of child of this mother 3 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Aug 9, 1909, at 8 PM

\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Mrs A. K. Shaw  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19 \_\_\_\_\_ Filed Aug 13 1909 Address Globe  
718-809-266 Filed Sept 1 1909 B. G. Fox MD  
COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.